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TO: Examiner C.T. Ho  
Group Art Unit 2664

FAX NO.: 571 273 8300

FROM: Michael T. Cruz

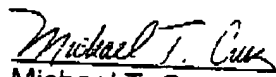
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PTO/SB/21 (09-04)  
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TRANSMITTAL FORM	
(to be used for all correspondence after initial filing)	
Application Number	09/873,316
Filing Date	June 5, 2001
First Named Inventor	L.J. Botha
Art Unit	2684
Examiner Name	C.T. Ho
Attorney Docket Number	16102US01

Total Number of Pages in This Submission: 15

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response - 11 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Michael T. Cruz</i>
Printed Name	Michael T. Cruz
Date	December 12, 2005

**CERTIFICATE OF FAX TRANSMITTAL**

I hereby certify that this correspondence is being sent via facsimile to Examiner C.T. Ho at the United States Patent and Trademark Office, fax No. 571 273 8300, dated December 12, 2005.

Name (Print type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	December 12, 2005

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PTO/SB/17 (12-04)

Effective on 12/08/2004.  
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
for FY 2005**

Complete if Known

Application Number	C9/873,316
Filing Date	June 5, 2001
First Named Inventor	L.J. Botha
Examiner Name	C.T. Ho
Art Unit	2684
Attorney Docket No.	16102US01

**RECEIVED  
CENTRAL FAX CENTER****DEC 12 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 450.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 13-0017Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
-20 or HP	x	=	

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP	x	=	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid(\$)</u>
-100	/50	(round up to a whole number)	x	=

**4. OTHER FEE(S)**

Non-English Specification, \$150 fee (no small entity discount)

Other: Petition for two-month extension of timeFee Paid(\$)

450

**SUBMITTED BY**

Signature	<u>Michael T. Cruz</u>	Registration No.	44,636	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz	(Attorney/Agent)		Date	December 12, 2005